



**West Midlands Academic Health Science Network  
Theme Directors and Clinical Leads Meeting Minutes  
2 – 4pm  
28 July 2015  
4 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE**

**Present:** Christopher Parker, Chair (CP), Tony Davis (TD), Lucy Chatwin (LC), Ruth Chambers (RC), Neil Mortimer (NM), Theo Arvanitis (TA), Emma Patterson (EP) for Peter Lewis, Katie Saunders (KS), Rhian Hughes (RH), Pete Jeffries (PJ), Jamie Coleman (JC), Paddie Murphy (PM) and Blair Davis (BD)

**Apologies:** Tim Jones (TJ), Peter Lewis (PL), Gavin Russell (GR) and Jeremy Kirk (JK)

**Agenda Item 1: Welcome and apologies**

CP welcomed members and apologies were received from those listed.

**Agenda item 2: Minutes of the last meeting**

The minutes of the last meeting were accepted as a true and accurate record.

**Agenda item 3: Actions arising**

The terms of reference (ToRs) have been revised and will be discussed later in the meeting.

TA updated he can provide a Sharepoint account through IDH, and will need names and email addresses of all who need to be involved.

**ACTION:** BD to provide TA with names and email addresses of all those who will need access to Sharepoint.

**Agenda item 4: Debate and agree ToRs**

CP introduced draft ToRs that had been sent to all for discussion with a view to approving. After some discussion it was suggested that the option of dialing in to the meeting should also be included in the ToRs. There should also be greater emphasis on the fact that the Theme Director and Clinical Lead roles include optimising cross-working and engagement across priorities and themes, and that Directors and Leads should act as ambassadors for the WMAHSN. There were also some minor errors to be corrected. Subject to these various amendments, all present were prepared to adopt the TORs.

**ACTION:** CP will produce an updated version of the ToRs, which will be circulated with the minutes. If no objections are received within seven days of their distribution, these ToRs will be adopted and the draft watermark removed.

**Agenda Item 5 and 6: Services and networks**

CP made the decision to discuss agenda items 5 and 6 together.

**Improving health and creating wealth**

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RH updated that a revised proposal was formulated since the Business Plan defining the service offer for Person-centred Care (PCC), ensuring it meets Long Term Conditions and Integrated Care needs and defining and mapping engagement.

RC went on to discuss the continuing use of exemplars from last year. The Flo exemplar is going to be widened using social media apps, Skype and interfacing with DISH, and connections are being used to improve regional spread. There is a focus on conditions where CCGs are interested, and in one month's time there is a scheduled Strategic Clinical Networks' atrial fibrillation meeting which RC is planning on attending. RC and RH are working on making a stronger PCC network.

CP informed all present that there will be a re-alignment of the Patient Safety Collaborative (PSC) as a result of the Secretary of State's announcement last week, which is currently shaping the WMAHSN's thinking. All elements of the PSC are to move to a new organisation, NHS Improvement (NHSI), the combined operational arm of the Trust Development Authority and Monitor. However, there are implications. The WMAHSN took on PSC and PJ as Regional Patient Safety Programme Manager working alongside GR. In the next financial year (FY), all PSC activity is to move to NHSI, including the budget. WMAHSN has benefitted in taking on PSC, and having a Patient Safety Manager encourages us to think about patient safety day to day.

TD went on to say that it will be business as usual for this FY. £700k was carried forward from last year for the PSC; in addition, there was a £700k allocation for this year, meaning there is currently £1.4m to spend this FY. We will need to have fulfilled our patient safety expectations by the end of the FY. WMAHSN is encouraging all Theme Directors and Clinical Leads to look at activity related to patient safety. Drug Safety is still a part of AHSN activities and therefore there needs to be a way to detach this from Patient Safety next FY. It is important to think about our position going forward, and to work with GR and PJ to ensure all activity relates to patient safety.

CP went on to update members that he is still yet to speak to GR about this as he has been on leave, so we must await his return before moving forward, and that this approach was also agreed at Board. We must be mindful of spending the money as wisely as possible as all activity must be related to patient safety.

TA indicated that there is a slight grey area for digital. A lot of digital activity impacts on patient safety but it is unsure how much, as digital does not go through standard regulatory processes.

PJ discussed that there is scope to do a piece of work around safety cases.

**ACTION:** PJ, TA and NM to meet to discuss this further.

PJ highlighted that it may be beneficial to align a digital and a clinical safety case i.e. sepsis.

It was clarified that any proposals concerning patient safety would need to follow a similar process to the opportunities process, with additional consultation with PJ and GR.

RC went on to discuss the PCC service evolving into the kind of service they would like to offer by the end of the FY. TD reinforced that they must be able to show this and have some sort of output. RC used the example of the pilots and testbeds for this FY as showing this.

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RC and RH are meeting with Sarah Millard (SM) later this afternoon to discuss communications around the planned TEC events.

TD is pulling together a 'selling' document on membership with SM to promote some of the things stakeholders can expect to see.

CP queried what implications there are for upskilling the workforce, and stated that discussions are being had with Mandy Shanahan to replace Marie Moore to strengthen this.

TA went on to discuss progress with DISH. There is progression of symantec integration, and they are looking at how to expand the vocabulary service.

CURe now has imaging capabilities and TA has been working with Birmingham Children's Hospital NHS Foundation Trust on child brain tumours and imaging, but is also open to other imaging suggestions from the group.

TD updated that a communications message is being developed with regards to the membership value proposition. TD queried with TA what message should be conveyed to Chief Executives with regards to DISH. It was clarified that DISH is offering interoperability across platforms and the region for primary, secondary and acute services. TA advised that it can be bought as a programme, but it works better as a toolkit. NM went on to update that a process of working with Commissioning Support Units has started, and TA stated that there are potential propositions we can look at West Midlands Health Informatics Network (WIN) continuing to work on.

**ACTION:** TA to send academic papers based on work from WIN to TD, CP and NM.

The Innovation and Adoption (I&A) service has been procured and the WMAHSN is working with Medilink West Midlands, Deloitte and GE Finnamore on this, as well as Q Markets to develop the platform. An advisory group has been formed to help develop the service to meet stakeholders' needs. Deloitte developed a questionnaire on innovation mapping acute trusts to inform the service. It has been decided that the service will be called Meridian, and it will facilitate innovators rather than doing the work for them. Midtech is providing intellectual property support and Meridian will have its own branding. The next phase is mapping clinical trials capability working with the Clinical Research Network (CRN). LC has recently discovered that the CRN has a list of innovation champions to which she has requested access. The online platform will mean all requests that get through are quality requests.

TD updated all present that the WMAHSN is about to go out to advert for the I&A Theme Director. It was asked that if the group has any suggestions for an I&A Theme Director to let CP and TD know, or let the suggested party know that we will soon be going out to advert. LC suggested Professor James Richardson.

PJ provided a brief update on the PSC. The priorities for PSC are capability in human factors, harms in care homes and sepsis. For harms in care homes and sepsis, PJ is looking at whether we can create a definition of what 'safe' looks like across a microsystem.

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EP provided an update with KS on behalf of Peter Lewis for Mental Health (MH). The showcase event was a success, but it appeared to be only the Birmingham contingent putting innovations forward. PL has decided to cancel the next MH advisory group in September and is planning on visiting individual key leaders in the region to query how we can work collectively with regards to MH.

KS stated that they are building their expertise with regards to funding applications and there will be key working with the I&A service when it is up and running.

TD queried the extent of the engagement that has been had with the MH vanguard in Solihull. KS confirmed that this is essentially an urgent care centre. TD is looking into widening the vanguard beyond an urgent care facility to ensure that it has MH at the centre of it.

KS then went on to update that the previous Health Foundation application form on the Scaling up fund may prove useful for completing applications for spring 2016. Further information will be available when the funding call re-opens early next year but members were advised to look at the previous form for guidance.

**ACTION:** BD to send out a link to the last Health Foundation application form with minutes.

Finally, KS updated all present that there is a youth app event on Thursday at the Repertory Theatre in Birmingham City Centre. 200 people are set to attend, including the press.

JC provided a brief update on e-prescribing and safe use of medicines and that all are progressing well. Several of his team regularly attends the regional medicines safety committee, and by the end of the FY pilots will be ready to roll out to other AHSNs.

**ACTION:** LC and JC to catch up on Medicines Optimisation

PM provided a short update on EIT Health KIC nationally and locally. There are strong links with Birmingham Science City. PM agreed to produce a briefing paper for all.

**ACTION:** PM to produce a briefing paper for all

**ACTION:** PM to have discussions with RH and RC.

TD updated that the SME Innovation Fund is to be launched at the Health and Wealth Economic Summit in October, along with the two industry secondments for Medicines Optimisation and engagement with Local Enterprise Partnerships.

### **Agenda Item 7: Opportunities for innovation**

It is hoped that an Opportunities/Programme Co-ordinator will be in post by November.

**ACTION:** BD to add personnel issues to the new agenda

### **Agenda Item 8: Risks and issues**

The group agreed to introduce a risk register, the first edition to be produced by the executive team and with due regard to the strategic risk register used by the WMAHSN Board.

**ACTION:** A proposed, initial version of a risk register for this group is to be sent out with the minutes.

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**ACTION:** BD is to request any candidate risks in advance of the next meeting so that they can be added as an agenda item.

JC suggested the fact that PSC being subsumed should be added as a risk.

**ACTION:** PSC relocation to be added to the risk register

**Agenda Item 9: AOB**

Looking ahead, the Opportunities/Programme Co-ordinator will help with matrix of metrics. CP thanked members who have also attended Spoke Council meetings not in their immediate area and asked that all leads and directors be prepared to continue doing so.

**ACTION:** BD to send out all Spoke Council dates to the Theme Directors and Clinical Leads.

**Agenda Item 10: Date and venue of the next meeting**

29 September 2015, 2 - 4pm, 4 Greenfield Crescent, Edgbaston, Birmingham B15 3BE